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Perspective is Important

Working with youth and drug prevention in our own nation and others, especially in South America, the very question posed by this hearing, "Is there a such thing as safe drug abuse?" underlies the confusion and mixed messages that concepts such as harm reduction promote.

A lady from Peru who runs a tremendous program for street children and orphans said that she explained to the youngsters that she was leaving to attend a conference on how to counter the drug legalization movement. The children asked her what she meant, and when she explained, a young child asked, "You mean there really are people who want to make dangerous drugs available and legal," the child concluded: "then the world really has gone crazy hasn't it?

I will admit my bias right off. I have six children and I work with youth worldwide. I coach girl's basketball. The lens through which I view drug policy puts kids first. I once heard that in a perfect libertarian world, there are no children. Children mean that we are our brothers' keeper and that we have to sacrifice some of our own "rights" in the interest of those more vulnerable. I believe that the chief criteria for any drug policy should be what impact the policy will have upon youth and families.

What is the "drug problem?"

It is important that we all acknowledge our world view. One's definition of the "drug problem" depends on one's perspective. For the pre-born and for infants, parental drug use is the issue. Pre-natal damage, born addiction, child abuse and neglect are all caused by drug abuse. During the crack epidemic in Philadelphia it was estimated that the drug was involved in 80% of child abuse cases and in half of all child abuse fatalities . Less than 3% of the population used the drug regularly.[i]

For younger children, parental drug use is also the issue. Neglect, abuse, and accidents are all caused by drug use. Whether the drugs come to parents through street dealers or

government run drug maintenance clinics makes no difference to the young. Intoxicated and doped parents do not make for good caretakers.

For teens the number one cause of death is accidents. Once again drug use, including alcohol, plays a strong role. Those who say cannabis never killed, ignore the number one killer of youth – accidents. A Maryland study of emergency trauma injuries showed as many marijuana positive as alcohol positive and the use of both drugs together was highly evident.[ii] A study of national truck driver fatal accidents provided similar findings.[iii]

For young adults drug use is the main threat that they face. Date rape, violence, accidents, and suicide are all highly correlated with drug use. Ask any group of young ladies if they have ever been harassed by an intoxicated male and see what response you receive. Drug users impact non-users in many negative ways.

For non-drug using parents, drug use is also the primary problem. Parents fear for their children and most desire that their youth avoid drugs and drug intoxicated users.

For all of these groups, drug ***use*** is the drug problem. The chemical make up of drugs and the effect of drugs on the brain do not change. It does not change if drug use is maintained by the government, health workers or street drug dealers. The late Dr. Robert Gilkeson used to say, "You cannot vote for or against the chemical properties of a molecule."

What can change is the amount, acceptance, and the ease of drug use and the identity of who is to be held responsible for the damage. The provider of drugs is an accessory to the risk, death, and damages caused by drug use. No child wants a stoned parent.

The Harm Reduction Origin

Did those working with children and youth develop the harm reduction concept? Obviously not. Let us consider the origins and impact of modern "harm reduction."

Harm reduction is not a new concept, although the terminology was carefully chosen as a marketing ploy. On audio tape, drug legalization groups held entire conference sessions to decide on a term to promote their cause in the 1980's and early 1990's. Leaders clearly stated that they need a term to replace the "L" word. The term "harm reduction" was, to my knowledge, first selected and promoted in 1987 by a group of drug lawyers meeting in Great Britain sponsored by the drug legalization group – the Drug Policy Foundation. This group was later merger into the George Soros backed Drug Policy Alliance. The term "Harm reduction" ran a close second with the term "harm minimization" to avoid the "L" word: "legalization."

Those tied in with legalization groups who take credit for the harm reduction term include Peter McDermott who wrote: "*as a member of the Liverpool cabal who hijacked*

the term Harm Reduction and used it aggressively to advocate change during the 1980's, I am able to say what we meant when we used the term…..Harm reduction implied a break with the old unworkable dogmas – the philosophy that placed a premium on seeking to obtain abstinence." He then goes on to discuss the need for a legal supply of clean drugs and injection equipment.[iv]

The most important criteria for measuring drug policy of those who developed the concept of harm reduction and drug maintenance was what impact drug policy will have on the right that they, and other consenting adults, have to use drugs. Timothy Leary, the LSD guru of the sixties who was eulogized by many leaders of the harm reduction movement, wanted a constitutional amendment that read" Congress shall not infringe upon the right to alter one's consciousness."

The founder of the oldest marijuana smokers' lobby, the National Organization to Reform Marijuana Laws (NORML) originally wanted legal cocaine and pot, with no age limits, according to a Playboy interview. At least this group admitted it was a lobby for marijuana users.

To civil libertarians and some drug users the drug issue is centered upon the "rights" that they and other individuals have to use drugs. The leaders on the issue knew that their right to use drugs issue would not sell with the public and appear somewhat selfish. They needed to promote it as being in the interests of others. Smartly, they avoided the issue of children and youth.

The "Black Blessing"

Ethan Nadelmann, the chief architect behind the drug legalization and harm reduction and drug "reform" movement backed by George Soros, identified AIDS as a "black blessing." The AIDS issue could be used to promote the legalizers' agenda and disguise their self interest as compassion for others.

Why do I say this? First of all, the Drug Policy Foundation and NORML audio taped many of their conferences and I have heard the tapes. It is Mr. Nadelmann who used the term "black blessing" and the legalization strategy was widely discussed.

NORML founder Keith Stroup called medical marijuana a "red herring" to get the drug legal. Others talked about medical marijuana and needle exchanges as steps to their true goal of drug legalization. Why is every major international harm reduction lobby supported by those who seek wider drug liberalization and acceptance? For example, the Harm Reduction Coalition had former NORML President Kevin Zeese and Soros funded advocate Marsha Rosenbaum on the board.

There is a proverb "where a man's treasure is, there his heart lies." The major funders and supporters of harm reduction and drug legalization have no history promoting or funding health care, medicinal research, and or treatment for AIDS or drug addiction, other than supporting needle exchanges, drug injection sites, drug maintenance, and

marijuana distribution. If compassion for AIDS was really the issue, why isn't their funding going into providing proven medicines and research for new drugs? If care for addicts was the issue, why do these groups not put funding into effective drug treatment? Why do the top treatment providers disagree with their approach?

One thing is certain; the interests of youth and children were not at the core of the harm reduction philosophy.

This does not mean that everyone who now promotes harm reduction is a closet legalizer. Although nearly all of the major international lobby groups promoting harm reduction and needle exchange are funded by George Soros and legalization proponents, many in the health field, and in politics, have been taught that this is a positive public health concept. Some are not aware of these origins and support it because they are compassionate and care.

Making Drug Peace

Harm reduction is based upon two basic presumptions. The first is that the drug problem cannot be solved so we must accommodate and accept drug use, minimize the costs of use, and learn to live with drug use. As the legalizers put it, we must "make drug peace."

This sounds logical given the persistence of the problem over the past 40 years. But what about racism, hate crimes, pollution, AIDS, violence, child and spouse abuse, sex abuse, poverty, and ignorance? These problems persisted for far more than 40 years and we do not give up and accommodate them. Drug use among youth has been cut in half in the U.S. over the past 25 years. Has as much progress been made with these other social problems?

Next, what about the children? If we accept and accommodate drug use for some children, whose children will they be? If we give up on some addicts and maintain their drug slavery, who will the parents and children of those addicts be? Can we give up when there is no place to retreat to?

History Lessons

Third, history demonstrates that drug problems can be solved. The U.S. faced record drug addiction and use rates when marijuana, cocaine, and opiates were legal in the early 1900's. Medical distribution (a form of harm reduction now being promoted) of these drugs failed to curb the epidemic. Instead of harm reduction and drug acceptance, drugs were outlawed in 1914. Public education, prevention aimed at youth, and treatment were implemented and from 1914 to 1940 addiction dropped from 250,000 to 50,000 and crime plummeted.[v] By 1960 drug use was nearly non-existent. Consider other nations success.[vi]

Sweden: Amphetamine epidemic in the late 1970's
Improvement: Student drug use cut in half by 1987

Successful Policy: tougher laws, mandated treatment, drug testing, and public education.

Japan: Amphetamine surge after WWII and a heroin problem in the 1960's
Improvement: Drug use and addiction cut dramatically
Successful Policy: strong enforcement, rehabilitation, and public non-acceptance of drugs.

China: Major national opium addiction problem
Improvement: Opium use and addiction cut to negligible levels
Successful Policy: public education, rehabilitation, and strict law enforcement.

United States II: Drug use rise to world record levels 1965-1979; marijuana epidemic followed by cocaine epidemic and crime rise; heroin problem in 1970's;
Improvement: Youth drug use cut in half since 1979; addiction rate growth halted; steady long term crime drop.
Successful Policy: Prevention and education; treatment; drug testing; enforcement

Is Drug Use, Drug Abuse?

Second, harm reduction presumes that drug use is not always drug abuse and that drug use is not the primary cause of drug related harm. This argument generally is promoted from the perspective of compassion for the drug user and addict.

Is drug use, drug abuse? The United Nations defines illegal drug use as drug abuse. The clinical rationalization for this is that illegal drugs are nearly always used for the purpose of intoxication, unlike tobacco and alcohol. When alcohol is always used to get high or drunk, treatment experts identify the user as an abuser. Marijuana, cocaine, heroin, and other drugs are used to get stoned. Use is abuse. Those who use a substance to get stoned or drunk are more likely to develop addiction and other problems.

Is Drug Use the Problem?

Does drug use cause most drug related harm? Intoxication impairs human reason and physical coordination and ability. Intoxicated persons are a risk to themselves and to others. Drug use is the cause of most drug user harm. The ability and responsibility to engage in safe sexual practices, to decide on whether to share needles or to commit crime, to practice good hygiene and nutrition, to ensure public and personal safety, and to provide good child care are all impaired by drug use.

In Michigan a young baby died ingesting the mother's take home weekend methadone dose, a harm reduction concept. The harm reductionist promotes this as a means to reduce the harm to addict's going out to seek a weekend fix. The baby's interest was not an issue. Mothers high on methadone are not responsible caretakers. The government provided the weekend dose. Who is responsible for the baby's death?

There is no safe illegal drug use. Drug use intoxicates and intoxication impairs reason and increases the risk and/or harm to self and others. Many needles never find their way back to exchanges and there are documented cases of children being pricked by needles left on the street and in parks. Responsible behavior and drug intoxication have an inverse relationship.

Studies show that most HIV among drug users is contracted through unsafe sex, not unclean needles. Drug use is highly correlated with unsafe sex practices, violence, and suicide. Overdose deaths also are caused by the effects of drugs, not the source of the needle used. Young addicts have an 8 fold likelihood of an early death related to drug use, not needle source.[vii]

Drug addiction is a form of slavery regardless of where the needle came from. Drug addicts lose will and impair their reason, the very properties that distinguish human dignity and freedom. To maintain drug addiction is to maintain slavery. The very chemistry of the brain is altered by addiction. For the addict, drug use is the problem, indeed drug use is their life obsession.

If your son or daughter was out of control and slowly poisoning their mind, body, and soul should the government response be to provide a free method to ingest the poison?

What is in the interest of children with drug addicted parents?

True Compassion

True compassion to drug addicts and their families is to provide aggressive outreach for treatment and rehabilitation eventually leading to a life free of drug use and addiction. It is unethical to accept addiction, provide needles, and fail to promote treatment and rehabilitation. The criminal justice system is often the number one source of drug treatment referrals. Legalization will cost addicts their lives. Forced treatment has saved lives as President Clinton's brother testifies. Children want their parents back.

The best studies used to support needle exchange impact combine drug treatment, outreach, and counsel with the exchange program. Treatment and outreach without needle give outs have been equally effective. There is sparse evidence that the needles component is needed or effective. There is ample evidence that treatment and rehabilitation can be effective without needle exchange.[viii]

Does Harm Reduction Benefit the User?

Even if the focus is on the interests of drug addicts and not children, does harm reduction benefit the user? There is no convincing evidence that HIV or hepatitis is reduced by needle exchange and conflicting evidence that HIV and hepatitis and overdose deaths may be increased by such programs. The Swiss needle park experiment, with open drug use and needle exchange resulted in Europe's highest HIV rates and record crime. They

park was shut down. I will leave it to the references cited herein to demonstrate the failure of needle exchanges to reduce drug harms.[ix]

Needle exchange and drug maintenance sends a clear message to addicts that their drug slavery is acceptable and supported by society. Implicit is the message that society gives up on them and that they will never be free. The message is "here, take your drugs where it will reduce the harm caused to the rest of us and die addicted."

Does Harm Reduction Cause Harm?

The message to youth is even worse. Drugs are a legitimate choice supported by government and society. After all, would the government and responsible adults legitimize drugs and provide the instruments and substances of addiction if it was wrong?

The history of harm reduction demonstrates that the policy hurts youth, the public, and drug addicts and users.

The U.S. tried medical distribution of cannabis, cocaine, and opiates in the early 1900's and addiction and abuse was not abated. Laws were passed making the drugs illegal and treatment and education efforts were implemented to reverse the epidemic.

In 1979, harm reduction was brought to schools and "responsible" drug use was taught. Thirteen states decriminalized marijuana with White House support. Law enforcement was minimal zed. The result was world record drug use rates among youth with one in ten high school seniors stoned on marijuana every day of the week.

Stricter drug enforcement, prevention, and treatment led to a dramatic drop in youth drug use (cut in half) and halting the addiction growth rate. Youth drug use rates continue to drop in the U.S. as they are rising in Europe and Canada where harm reduction policies are replacing drug prevention.

In Europe, nations implementing harm reduction have worse drug problems that those rejecting such policies. Spain, in 1983 went from having some of the toughest laws to some of the weakest. A spurt in drug use and crime continues to this day. Spain promotes harm reduction and now has the highest cocaine use rates in Europe.

The Netherlands continues as a drug and crime haven for Europe. Drug use among youth climbed as it dropped in the U.S. Drug cafes rose ten fold in a decade. Drug violators make up half the prison population. The junkies union sued to defeat a proposal to tax drugs so no drug revenues are raised and addicts are supported by state welfare. The Dutch tried licensed heroin distribution but scrapped it after a spurt in crime and overdose deaths.

Switzerland and Great Britain also have liberalized drug policy and opted for harm reduction over prevention. Drug use rates among youth and adults are very high in these

nations and increasing. Great Britain tried heroin maintenance years ago, and it resulted in a large black market in the substance. The policy was reversed.

Italy rescinded soft heroin laws due to record addiction rates and overdose deaths and has rejected harm reduction. The drug problem is lower there than in other European nations.

Sweden drug use rates are generally low in Europe and harm reduction is rejected there.

Harm Reduction Impact on Drug Prevention

The major threat to youth of harm reduction is its impact on drug prevention. Harm reduction and drug prevention can never be partners. The United Nations drug term definitions clearly states that harm reduction is not prevention. Harm reduction rejects preventing drug use as a primary goal of drug policy and rejects drug abstinence as the primary goal of drug treatment.

Nations that adopt harm reduction as their centerpiece, reject drug prevention as their primary goal even thought the United Nations agreed that drug prevention is an "indispensable pillar" for drug policy. Preventing all drug harms is not the same as reducing drug harms for some. Only prevention can eliminate drug harms.

For 30 years there has been a direct and drug specific inverse correlation between youth drug use and youth perception of drug harm and risk. Every year that perception of rug harm dropped, drug use increased. Harm reduction downplays the risks of drug use, reduces perceived risk of harm, and claims that drug use can be made "safe." In Canada "safe" crack use kits are being demanded by addicts.

Harm reduction organizations promote a return to the failed U.S. policy of the late 1970's that taught "responsible" drug use. Marsha Rosenbaum, a Soros funded West Coast reformer if promoting teaching harm reduction lessons to youth. A leading school book by Ruth Engs in the 1970's, entitled "Responsible Drug and Alcohol Use," told youth to clean out seeds from marijuana so they do not pop and to use a roach clip to avoid burning fingers. Drug use rates were never higher than in 1978-79 when this education peaked.

Pat O'Hare, another member of the original "Liverpool cabal" who "hijacked" the term harm reduction called 12 step drug programs complete crap and asked: "if kids can't have fun with drugs when they're kids, when can they have fun with them?" Another leader, Julian Cohen states that primary prevention ignores the fun, the pleasure, and the benefits of drug use …. Drug use is fun for young people and drug use brings benefits to them."[x]

It is clear that preventing drug use and teaching how to use drugs are not compatible nor complimentary. No nation has ever lowered drug use and drug problems through a harm reduction approach.

From the Mouth of Babes?

Let me return to the subcommittee's original query. Is there a such thing as safe drug use? I believe the child in Peru is right, only if the world has really gone crazy.

Human dignity and liberty is based upon human free will and reason. We cannot act, think, and choose fully as persons when our capacities are impaired. The user and non-user are both endangered by impaired persons. Children and youth often suffer the most dire consequences.

The ability to interact, communicate, and relate to loved ones and others also is impaired. Drug use breaks down the ability to live in community and family. Drugs impair the ability to make safe decisions on child care, driving, sexual and other behavior, and private and public safety.

Accepting drug use and addiction is an accommodation of chemical slavery and impairment. It is not compassion to enable drug use. The Vatican noted in its statement against drug injection rooms and harm reduction that "drug dependence is against life itself."

The young people that I have had the privilege of meeting in the U.S., Brazil, Chile, Argentina, and Uruguay are optimistic and caring. They are reaching out to other youth with a positive message of a drug-free life. Harm reduction undermines their work and their hopes.

Harm reduction is a philosophy of despair communicating a lack of hope for the addict, their loved ones, and society. It is a message of surrender and accommodation.

Prevention is a positive message of hope that is not just against drugs, but for life. History, science, and human experience gives every reason to continue hoping and to continue fighting.

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[i] Philadelphia Inquirer; 12/27/87 p.1-a; Philadlphia Daily News; 3/31/89, p. 19

[ii] Archives of Surgery, vol 123; June 1988; pp.733-37

[iii] National Transportation Safety Board; Fatigue, Alcohol, Drugs and Other Factors in Heavy Truck Crashes, 2/5/90

[iv] Peter Stoker, The History of Harm Reduction; World Conference on Drugs in Sweden; 5/01; on web site at http://www.dpna.org/resources/positions/harmreduction.htm

[v] Musto, David; The American Disease; (Oxford University Press, NY) 1987 pp21-28, 91, 115

[vi] For nations listed see; Robert E. Peterson, Legalisation the Myth Exposed; in Searching for Alternatives; Hoover Institute 1989

[vii] New York Academy of Medicine 8/04; Shooting Up Triples Death Risk, Health Day News, 8/19/04

[viii] European Journal of Public Health; v.13, issue 3, 9/03; pp252-258; Testimony of Attorney David Evans before New Jersey Legislative Committee of Governor's Council on Alcoholism and Drug Abuse, Nov. 7, 2002: An Evidence Based View of Needle Exchange Programs, Dr. Fred Payne, Medical Advisor, Children's AIDS fund at http://www.childrensaidsfund.org/resources/NeedleEx0604.pdf

[ix] Ibid;

[x] Peter Stoker, above citation